

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2														
TOTAL DEP.	0														
TOTAL CLAIMS	2														

  

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PTO-1360 (3-78)

\*NOT BE USED FOR ADDITIONAL CLAIMS

**BEST AVAILABLE COPY**